

# PRIVATE MEMBERS' BUSINESS

## *[Private Members' Business]*

• • (1730)

[English]

### Pandemic Prevention and Preparedness Act

[Expand]

#### **Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.)**

moved that Bill C-293, An Act respecting pandemic prevention and preparedness, be read the second time and referred to a committee.

He said: Mr. Speaker, as of today, we have lost over 45,000 Canadians to COVID, and millions of people around the world have died as a result of COVID. It has upended our lives in so many different ways, from isolation to school closures. It has upended businesses and caused major economic disruptions, reverberations that we still feel with difficult inflation and interest rate hikes that are challenging many households. The global impact on poverty rates and the upending of education around the world will have long-lasting and negative effects.

There was the increasing debt that governments around the world rightly took on to address this crisis in many respects. Both public and private debt also come with consequences. Fifty-seven per cent of Canadians whose debt increased attributed the increase to COVID. As a parliamentary intern in my office put it, even having just lived it first-hand, it is hard to wrap our heads around what we just experienced.

What can and should we do about all of that? What lessons should we learn? We have to be specific and clear, and put a framework in place to make sure we do not lose these lessons. Simply put, the message of this bill is that we need to learn the lessons from this pandemic in order to prevent and prepare for the next one. No, we are not done with COVID, but we have also lived through enough to learn from our pandemic response across all levels of government, and those lessons should inform our plans going forward.

What does the pandemic prevention and preparedness bill do? It does three things. First, it establishes a review of our COVID response, not just from the federal government's perspective but across all levels of government. The goal is to be comprehensive. Just to comment briefly on the scope of the review, the bill notes:

In conducting its review, the advisory committee is, among other things, to

(a) assess the capability of the Public Health Agency of Canada and the Department of Health to respond to the coronavirus disease 2019 (COVID-19) pandemic before and during the pandemic;

(b) in collaboration with provincial and municipal governments, assess the public health and pandemic response capabilities of those governments;

(c) assess the effectiveness of the exercise of powers under any applicable federal laws before, during and after the pandemic and of the coordination of measures taken under those laws; and

Importantly, and this is the broad element to bring to bear on lessons learned:

(d) analyse the health, economic and social factors relevant to the impact of the pandemic in Canada.

There has to be a review if we are going to learn the lessons of our government's response and the response of all governments.

How do we take those lessons and put them into a framework where we are going to see accountability, transparency and action on a going-forward basis? The second thing the bill does is it requires the Minister of Health to establish a pandemic prevention and preparedness plan. It is modelled on climate accountability legislation.

To my knowledge the first piece of climate accountability legislation that I reviewed was from a Conservative government in the U.K. in 2006, and we now have such a framework in place here in Canada. This bill takes a similar approach to say there has to be a transparent and accountable framework by which a government is obligated to table a plan to Parliament, to the Canadian public, and then update that plan on a regular basis. The bill suggests every three years. I went back and forth between three and five years. I think five years would be appropriate as well.

It obligates the Minister of the Health to establish a pandemic prevention and preparedness plan and to table a report. The bill sets out a long list of factors. This is where it was quite difficult actually, because I was drawing from a great amount of expertise out there, from the United Nations Environment Programme's report on preventing future pandemics, from IPBES, the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services and their workshop reports in relation to pandemic risk and how we prevent future pandemics, and certainly from the independent panel. It has a series of reports now on preparedness and response at the national level and also at the global level, and how we could strengthen those responses at all levels.

Taking those expert reports, and in consultation with some of the researchers behind those reports and certainly with Canadian health experts as well, the bill sets out a series of factors that the Minister of Health must consider in developing a plan. I am sure I missed some elements, which is partly why it is so important to get a bill like this to committee. The committee could, I hope in a non-partisan way, say what does not make sense or whether something was missed or how we could get it to the best place possible as a matter of what should be in or out of a plan as the health minister considers it.

As a starting point, obviously enough, what the health minister should do is identify the key drivers of pandemic risk and describe how Canadian activities, domestic and abroad, contribute to the risk.

• • **(1735)**

We focus a lot in this House and, frankly, in the Canadian public around preparedness strategies, and that is part of what this bill would do as well. We do not talk enough about prevention, but we know that the costs of prevention are a small fraction of the significant human and economic costs of living through a pandemic. Therefore, there has to be a real strong focus on prevention.

There also has to be a commitment to ensure collaboration at all levels of government, because it is not enough in our federation for the federal government to take action on its own. Similar to climate action, and certainly with respect to mitigating pandemic risk and to preparing for pandemics, it cannot all be on the federal government, and we have learned that. It is unquestionably a lesson we have learned in the course of the response to COVID. Therefore, the bill would require the Minister of Health to ensure sustained collaboration between the Minister of

Health, provincial governments and indigenous communities in the development of the plan, in order to align approaches and address any jurisdictional challenges.

Now, I probably could have been a little clearer with the language here, but the bill would also provide for training programs, including collaborative activities with other levels of government. What I had in mind there, and I think a committee could improve this, was simulation and table-talking exercises. It is not enough to have a piece of paper with a plan written down. We have to put that plan into action and learn where there are gaps in the plan. Where jurisdictional challenges arise, they can be addressed through a simulation exercise rather than as we live through a real-life pandemic.

Now, a critical element here, when we draw from the literature, is that the plan has to be based on a “one health” approach. For those who do not know what a “one health” approach is, it is a relatively simple idea, although it can be a challenge sometimes in how we apply it, because of how holistic it is. It is this idea that we cannot pull apart human health, animal health and environmental health, that these are interconnected ideas and we have to think of them as one health.

We know this, and if we read the literature from the United Nations Environment Programme, from IPBES or from any number of experts, including Canadian experts in zoonotic diseases, they will tell us that zoonosis presents the greatest risk in relation to pandemics. Taking deforestation as an example, the spillover risk that can occur when humans are obviously going to come into closer contact with animals as a result of that deforestation creates not only a challenge to the environment, as it is a question of environmental health, but also then a question of human health, because of that spillover risk. When we run down a list of factors, and there are different reports on this, overwhelmingly the focus has to be on a “one health” approach.

I will read from the United Nations Environment Programme, which states:

This report confirms and builds on the conclusions of the FAO-OIE-WHO Tripartite Alliance and many other expert groups that a One Health approach is the optimal method for preventing as well as responding to zoonotic disease outbreaks and pandemics.

Therefore, there has to be a focus on a “one health” approach.

There also, of course, has to be a whole-of-government approach. It is not enough for the Minister of Health to work up a plan. The Minister of Health has to work with other ministers, break down silos in the federal government and ensure that we are putting ourselves on the best footing we possibly can to prevent and respond to future pandemics. The Minister of Industry has a role to play in terms of ensuring that we have vaccine manufacturing capacity and manufacturing capacity for essential treatments and tests. There is a role for the Minister of Public Safety and the Minister of Transport to play with respect to border controls. There is obviously a role for the Minister of Foreign Affairs to play with respect to global health equity, which is an issue that, unfortunately, we have, as wealthier countries, utterly failed on in a serious way in the course of this pandemic. There also ought to be collaboration, and this is in keeping with that idea of a “one health” approach, with the Minister of Agriculture and the Minister of Environment.

Therefore, if we think of a framework that already exists within the Government of Canada, a “one health” approach with respect to antimicrobial resistance, it is a partnership between the Department and the Minister of Health and the Department and the Minister of Agriculture, because we know, certainly in other countries around the world, that the increase and overuse of antibiotics can create the risk of superbugs. There are researchers at McMaster who call it the “silent pandemic”, referring to the number of lives that have already been taken by AMR. As I have said, it is a whole-of-government approach.

• • **(1740)**

I will say that this has to be a focus of the committee when it looks at the series of factors, ensuring that it gets sustained collaboration with the provinces, because we need to make sure, for example, that there are preparedness strategies for public health services, including the protection of vulnerable and marginalized populations. That will be as much a provincial question as it is a federal question. The working conditions of essential workers across all sectors is as much a provincial issue as it is a federal issue.

The availability management of relevant stockpiles, including testing equipment and PPE, is more of a federal issue, but we have seen challenges at times at the provincial level as well.

There is the search capacity of the human resources required for testing and contact tracing, because we cannot have the human resources at the ready at all times. We need to be able to stand them up to meet the surge, and again the provinces and the federal government will need to work hand in hand on this.

There are a series of other factors, and I will not go into all of them. I want to mention the seven key disease drivers identified by the United Nations Environment Programme.

First is an increasing demand for animal protein, because we understand the spillover risk and lack of biosecurity, especially with increased demand in low and middle-income countries. It is a real challenge that needs to be addressed.

Second is unsustainable agricultural intensification.

Third is the increased use and exploitation of wildlife. If we look at the live animal markets around the world, they have presented challenges, including likely in the course of the crisis we have just lived through.

Fourth is the unsustainable utilization of natural resources, accelerated by urbanization and land-use change.

Fifth is travel and transportation.

Sixth is changes in the food supply chains. Traceability challenges are the issue there.

Seventh is climate change.

These are major twin risks. Climate change is an existential risk in and of itself, but it also drives pandemic risk. That is not to say we can eliminate travel, and we are not going to eliminate agriculture, but how do we look at these industries to find best efforts to reduce and mitigate pandemic risk to prevent a future pandemic? How do we make sure there are regulations in place so we can prepare for future pandemics as well?

I suppose the last item that I want to close off with is that there needs to be accountability in any particular role here.

One, the bill establishes a review, the lessons learned.

Two, it requires some detail about what ought to be in that plan. I have gone into this in some detail, and there is greater detail in the bill. I hope it can be a collaborative exercise at committee, because I want this to be a non-partisan exercise in getting it right.

Three, we need to make sure that we appoint a national pandemic prevention and preparedness coordinator to oversee and implement the plans, so there is proper accountability and an office for seeing this through.

Lastly, I want to close with this idea, because I think it is a relevant one. We forget crises in politics. We deal with them and then forget about them. Over time we saw this with SARS. We cannot go through another situation where 20 years from now we look back at a debate like this one or a pandemic prevention and preparedness plan that we developed in the year 2022 or 2023 that has been sitting on a shelf and has not been updated or implemented. The idea here, very much as a matter of accountability, is to ensure that all future governments, regardless of political stripe, take this seriously, renew their focus on pandemic prevention and preparedness, and make sure we do not lose sight of the lessons learned and do not live through something like this ever again as a society. I cannot overemphasize this: The costs of a pandemic like the one we have just lived through are so incredibly significant, and the costs of prevention and preparedness are a very small fraction of that.

I hope there is all-party support for getting this to committee to improve it, to bring amendments to it and to see it through.

I appreciate being given this time today.

• • (1745)

[Translation]

[Expand]

**Mr. Jean-Denis Garon (Mirabel, BQ):**

Mr. Speaker, I have read the bill carefully. I understand that there is a very proactive aspect to the bill, that is, setting up committees to improve processes so that we can avoid what happened in the past.

The very sad reality is that the pandemic is not over. Hopefully we are seeing the light at the end of the tunnel, but we are still very much in it. The government has made some management errors that are potentially very serious. I am surprised to see a bill like this from the Liberal Party of Canada right now, when the Liberals are the only ones in the House who are still opposed to a public inquiry into how the federal government managed the pandemic.

Instead of looking 10 kilometres ahead, perhaps the Liberals should choose to look inward a bit.

[English]

[Expand]

**Mr. Nathaniel Erskine-Smith:**

Mr. Speaker, I think that question drives at something really important, which is that we cannot move ahead until we have learned the lessons of what is behind us. We are still living with COVID, but much of the government's response, at all levels, frankly, has been seen through in a serious way, so there are still serious public health conversations to be had. There are major crises in Ontario with respect to our health care capacity, as a result, in part, of the flu, but certainly still because of the pandemic. To that core question, though, of how we put ourselves on the best footing going forward, unquestionably we need to look at the past.

I would also emphasize, and I hope this holds true for all of us, that this should not be a points-scoring exercise. If there were missteps, if there were things that were done right or things that were done wrong, it is not a matter of us getting up and patting ourselves on the back or of those across the aisle scoring points. The goal of this bill is to say, in a very serious way, let us scrutinize what went right and what went wrong to inform what should come next.

[Expand]

**Mr. Don Davies (Vancouver Kingsway, NDP):**

Mr. Speaker, first of all I just want to say how much I respect my hon. colleague and thank him for the bill, but with great respect I have to say there are some serious flaws with the bill. We in the New Democratic Party have, for a long time now, said there would come a day when we needed to have a public, comprehensive, searching and fearless review of the federal government's response, from both a preparation point of view and an execution point of view, with respect to COVID-19.

The bill before us, which purports to do that, would have the Minister of Health appoint an advisory committee, presumably to examine the behaviour of the Minister of Health, and it would have no power to order production of documents, summon witnesses or hold hearings in public. There would not even be a requirement to table a report in the House.

Does my hon. colleague not agree with the NDP that what we need is an inquiry under the Inquiries Act, chaired by an objective third party, to hold hearings in public with the full powers of an inquiry, so that all the questions can be asked and answered, so Canadians can have confidence in the review that is done, and so we can not only learn from the past and expose the errors that were made but also, more importantly, plan for the next pandemic and emergency that will come in the future?

[Expand]

**Mr. Nathaniel Erskine-Smith:**

Mr. Speaker, I appreciate the member's work; we have always worked in a really collaborative way.

I would say I am open to a different approach in terms of how the review ought to be conducted and in terms of the powers of that review. Again, I started from a different perspective here. I looked at the SARS report, for example, from David Naylor, whom I consulted in the course

of drafting this bill. When I looked at that report, the challenge was not the nature of the review; the challenge was the implementation of the lessons learned in the course of that review.

Therefore, if that SARS report, the Naylor report and the powers they had were greater than what an advisory committee would have here, then I entirely agree that there should be substantive powers to do that kind of review work and that kind of investigation to get at the right answer.

However, I think the core question we have to grapple with is not only how we learn the right lessons in the course of the review, but how we make sure this does not fall off the table, that it continues to be a serious political priority five years, 10 years and 30 years from now, and that we do not have a report like the SARS report that sits on the shelf, some of it implemented but most of it not, but a report that is significantly and substantively implemented. That was my core focus in putting this bill forward.

• • (1750)

[Expand]

**Mr. Ted Falk (Provencher, CPC):**

Mr. Speaker, it is a pleasure for me to rise in the House this evening.

This is an important topic, and I appreciate that the member for Beaches—East York has brought this legislation forward and prompted the discussion that we are having here today. I can certainly understand that after the past two years of COVID, there are those who feel we need to get something like this done immediately. Nobody wants COVID or something worse to hit Canadians. Our first priority as parliamentarians is the safety and security of our citizens. We have to take the time to properly reflect on and examine what we have just gone through to have a meaningful conversation about how to respond to a future pandemic.

The bill's proposal that the Minister of Health and other government ministers be the ones to put together or even make up the advisory committee to review their own response to the coronavirus is, frankly, quite ridiculous. That is like having the fox guard the henhouse, because they all have a very vested interest in the outcome. Canadians will never get the answers they deserve if the ministers who perpetuated or promoted many of the failures, abuses and violations of charter rights that we have seen over the past two years are the same ones tasked with reviewing their own government's response.

Let us face it: Transparency, accountability and, frankly, honesty are hardly synonymous with the government. We have seen first-hand much of the misinformation propagated by these ministers. That is why I propose, before embarking on some of the elements contained in Bill C-293, that we need a full non-partisan national inquiry into how governments at all levels have handled the response to COVID-19, because as I reflect on the past two years, there are too many questions. These are questions that have never been answered by government, and in many cases, no one in government or the media has even had the courage to publicly ask them.

Herein we have the first major issue in the government's handling of COVID. It is the “my way or the highway, we know best and do not dare ask questions about what we are doing” approach that the governments across this country have taken. We kept hearing “follow the science” and “we are following the science”. It is the political science, yes, but the last time I checked, a big part of doing real science involved asking questions, analyzing data and doing so with rigorous skepticism. We make an observation, we research the topic, we form a hypothesis, we test the experiments,

we analyze the data and we report the conclusions as objectively as we can based solely on the empirical data. That is the scientific method.

In the case of COVID, the government never really got beyond forming a hypothesis. The Liberals based their response on the assumptions that they and many in the medical field made in the early days of COVID, which led to selective and often misleading data being collected and used to back up those assumptions.

The media also failed in their objectivity to ask questions, choosing instead to parrot government talking points as truth, sowing fear and division as they quietly pocketed hundreds of millions of dollars in government subsidies. They refused to allow different points of view. They did not ask the tough questions, and they silenced or mocked anyone who did.

Canadians should not need to fear repercussions in their workplaces, their communities, their professional associations, online or by the media. However, that is what happened. Anyone who questioned anything related to the government's handling of COVID, at any level of government, got smeared, bullied and cancelled. In a free and democratic society, that should be deeply concerning to all of us. Governments made huge demands of Canadians, and it is incumbent on governments at all levels to provide empirical data to back up their actions. We owe that to Canadians.

I sat down the other night as I prepared to deliver this speech today and started to write down some of those nagging questions. They are questions that we cannot trust the government to ask because it has sought so diligently for two years to cover up the answers from Canadians for its own political purposes. I am going to take the remaining time here to ask some of those questions.

For a start, why did the government make the decision in 2019 to shut down our pandemic early warning system? We had SARS and H1N1, and we knew the potential of a Canadian epidemic. Who chose to shut it down? Who in the government was responsible for leaving Canadians defenceless?

Why was there so much conflicting information provided by government and public health officials? There were days when the WHO said one thing, Dr. Tam said another and, in my province of Manitoba, Dr. Roussin said something completely different, and all on the same issue.

## • • (1755)

This bred confusion, fear and mistrust. I think this is the type of issue the legislation, at least in part, may be trying to address, but again, we cannot address these issues until we know first-hand what took place and who was responsible, and we cannot trust the government to provide us with those answers.

We learned that the Public Health Agency of Canada, the same department responsible for the government's COVID response, allowed our national microbiology lab in Winnipeg, one of our nation's foremost secure facilities, to be infiltrated by Chinese spies with direct links to both the Wuhan lab and the bioweapons program of the People's Liberation Army. Why?

The government sued Parliament to cover it up. It refused to come clean. Then it turned around and made a deal with China to be the sole manufacturer of Canada's vaccine supply. The deal ultimately fell through, but there are a lot of questions here that require answers. Why does the government refuse to release procurement details, such as the price per dose, when other governments have been transparent?

There are still legitimate questions related to vaccine safety and efficacy. Why did the government agree to hide the safety data on Pfizer for 75 years? There are 51,714 Canadians who



have suffered vaccine injuries to date as a result of their COVID shots, with 10,501 serious reactions, including 874 anaphylactic reactions, 1,342 cases of myocarditis, 140 thrombosis cases and 382 reports with an outcome of death following vaccination. Where does that information come from? It is from the government's own website. Anyone can look it up. There are also many reports of doctors refusing to even file a VAERS report, which is a vaccine adverse event reaction report.

How many of those individuals have been compensated by the government's vaccine injury program to date? It is eight. Why is the media quiet about those things? Why is it that the Prime Minister was more interested in his political fortunes than in public health?

We saw this in the Prime Minister's decision to call an unnecessary election last fall. We have seen this in his unacceptable rhetoric demonizing those who chose not be vaccinated and in his heavy-handed approach to dealing with vaccine mandate protests. One minute our truckers are essential workers and heroes who kept our country going, and the next they are villains so awful that the Emergencies Act was invoked to deal with them. The inquiry, and ultimately history, will show what an unjustified and politically motivated response that was.

There are also serious questions related to government spending. The Liberal government spent unprecedented amounts, hundreds of billions of dollars, to fight COVID, but its own Parliamentary Budget Officer shows that at least 40% of that money, or \$205 billion, never went to fighting COVID. Where did it go? We know that tens of millions of dollars have found their way into the pockets of Liberal cronies, as the government paid exponentially more for ventilators and other medical equipment that was never used and now sits collecting dust in warehouses.

Who got rich while Canadians suffered? Why did the government refuse to put any safeguards in place for CERB, resulting in three million people, including criminals in jail, receiving the CERB benefit? Why did the government send federal public servants home at a time when five million Canadians had lost their jobs and were forced into government programs and unable to access services? Why are they still at home?

My office has stayed open every day over the past two years to help Canadians. We did it safely and we had no issues with COVID. There is no reason that other government officials and agencies could not have done likewise. Canadians are paying their salaries, and public servants need to get back to the office and back to work full time for Canadians.

We could keep going on here all evening. We could talk about divisive and unscientific mandates. We could talk about the disastrous ArriveCAN app. We could talk about how the government's actions destroyed border communities and separated loved ones. We could talk about how Canadians were assaulted in quarantine hotels. We could talk about the provinces and their responses, and the draconian measures that in my view did far more long-term harm than good. The questions go on and on. Canadians deserve answers.

Over the past two years, governments have made big demands of Canadians. Canadians stepped up again and again, only to have their hopes dashed by government failures and broken promises as the goalposts were moved over and over again. Canadians deserve empirical justification for mandates. History will show that mandates were based on politics, not public health.

• • **(1800)**

After two years of sickness, restrictions, divisions and fear, governments at all levels need to be held accountable for their actions. Bill C-293 is insufficient because the government, and any government, cannot and should not be trusted to investigate itself.

[Translation]

[Expand]

**Mr. Jean-Denis Garon (Mirabel, BQ):**

Mr. Speaker, I want to begin by thanking my colleague from Beaches—East York for introducing this bill. I must say I have a great deal of respect for that colleague. I think he is a free thinker and a top-notch parliamentarian. I noticed that even before I joined Parliament. I was waiting for the right time to tell him, and now it has come.

Bill C-293 essentially seeks to ensure that the Government of Canada is better positioned, at least in theory, to deal with future health crises and pandemics and, in some way, to learn from them.

What is more, as I said earlier in my question, this bill is very proactive. It talks about establishing an advisory committee, developing a plan for the future and appointing officials to prepare contingency plans for future pandemics, although the bill provides a lot of room for that to potentially evolve in one way or another. This would also require major involvement from Health Canada, the Department of Health, and so on.

I feel somewhat uneasy about this bill. Although I believe that it is well intentioned, I think that the Government of Canada already has, and did have, a large number of tools at its disposal that were not used much, if at all. I seriously wonder if we are adding another layer of red tape, more committees and all sorts of things when the recent pandemic already exposed the significant flaws in the federal apparatus.

I believe that what we need at this time is a public inquiry. If we are unable to have a serious independent inquiry shed light on the serious flaws in the federal government's management of the pandemic over the past months and years, we will not be able to benefit from any new institutions, such as the ones presented in this bill.

We are in a rather odd situation. We have a minority government, and we are currently in a situation where the Conservatives have asked for an independent public inquiry and the Bloc Québécois is in favour of an independent public inquiry. I also heard my NDP colleague, who asked a very good question earlier, reiterate that we should have an independent public inquiry.

What is the Minister of Health's response to that? The minister says it is important to have a mechanism to hold an inquiry, but he will not say how or when.

That is typical. It is like saying, someone is very sick, but I am not telling if or when I will call an ambulance; we will just hope for the best. It is like saying, we know illegal firearms are out there in Montreal, and we think that is a big deal, but we are not telling how we plan to get them off the streets or when. It is like saying, we know French is in danger in Montreal, and we think that is a big deal, but we are not telling what we plan to do to protect it or when. That is basically what the government and the Minister of Health are saying.

I know that it is not the fault of my colleague who is introducing the bill. However, as parliamentarians, this puts us in a tough spot. We know that they want us to sit until midnight, that this means we will have less time in committee, and that we need to carefully select the bills we send to committee because of the behaviour of the Liberals and their friends in the NDP. This basically forces us to vote against the bill. It forces us to vote against it and tell the government to

use the tools that are already at its disposal. If it has nothing to hide, then it should come clean on how it managed the pandemic.

What is the solution? According to the first part of the bill, it is the creation of a committee. Actually, the solution is to immediately launch an independent public inquiry. Then there are the second and third parts, which I find problematic, particularly as a sovereigntist, as a Quebecker and as a Bloc Québécois member, because they talk about a prevention plan overseen by a national coordinator.

I am starting to spend a lot of time with the Standing Committee on Health, and I know that when something starts with “the federal government shall coordinate” or “the federal government shall use its leadership role”, it ends with federal legislation, spending power and conditions on our transfers. I know that if we do not do this or that, they are going to coordinate by tightening the purse strings and withholding the money. That is what coordination is, and that is what federal leadership is.

#### • • (1805)

I know my colleague is well intentioned, but I have a hard time believing that the tools proposed in this bill will be put to good use. The priority should be to launch a public inquiry immediately.

With respect to jurisdictions, the bill states the following: “in collaboration with provincial and municipal governments, assess the public health and pandemic response capabilities of those governments”. Assessing the capabilities of provinces and municipal governments does not mean meddling in their affairs. This is complete interference. Since the Liberals have trouble looking inwards, they blame others and point fingers. This is minor interference.

A public inquiry is needed because 45,000 Canadians died and there were many failures on the part of the federal government. My colleague said the pandemic should not be used to score political points or to point fingers at others. He is right, but we have been asking for accountability for quite some time now, and we never see any. I do not understand how all these new committees and institutions will be used on a permanent basis.

My Conservative colleague spoke earlier about the Global Public Health Intelligence Network, an alert system that was modified in 2018, though we do not know how. It was changed by some official, and at some point in 2019, it shut down altogether, 400 days before the pandemic of the century. It is an alert network that gives us the opportunity to learn about global pandemics. The bill we are studying today proposes to establish a small committee to assess how provinces and municipalities have done their job.

My colleague from Beaches—East York said earlier that we need to be prepared for the next 10, 20 and 30 years. In 1950, the national emergency stockpile was established to store pharmaceuticals, supplies, pandemic stockpiles, and so on. However, that stockpile has been systematically neglected, and since 2015, N95 masks have even been destroyed because the government got tired of storing them. Now we would be planning for the future without knowing what happened with that.

We recently spoke about the infamous respirators. There were 27,148 in the stockpile, but the government ordered over 27,000. The Minister of Health told us that it was important to look out for people and plan ahead. I am getting good at imitating the health minister. In the worst-case scenario modelled by the federal government, we needed 13,500 respirators. A \$237-million contract was awarded to FTI Professional Grade, a shell company owned by a former Liberal MP. This company produced half of the surplus, or 10,000 respirators. We now have 13,000 too many, yet we need to set up small committees.

Let us talk about quarantine management. Montreal had to rush its own staff over to the airport because the federal government was too incompetent. What is more, 30% of the COVID-19 tests from screening locations at airports went missing. There was no automated quarantine registry. There was no follow-up with 59% of those who were flagged as priority cases. The federal government did not follow up with or contact 14% of those it knew had tested positive for COVID-19. Screening was not done in both official languages. I will not even talk about temporary foreign workers, because there were already major problems with that program and the federal government was unable to adapt it.

Then there is vaccine capacity. The government will say it ordered tons of vaccines, but as the 2003 Naylor report on what we learned from SARS revealed, Canada's production capacity is inadequate. We know we have to be more independent and capable of producing more. That report came out in 2003.

The government does not want a public inquiry, and the Minister of Health has nothing of substance to say. Moreover, the government does not want to give the provinces money, even though they are the ones who will be on the front lines if ever there is another pandemic.

Honestly, I respect my colleague. Truly, I do. However, I think introducing this bill at this point in time is inappropriate. The ball is in the government's court. I would like to see it use the law and the mechanisms it has to prove to us that it managed the pandemic properly. Once that is done, it might think twice before telling Quebec and the provinces how to manage things.

• • (1810)

[English]

[Expand]

**Mr. Don Davies (Vancouver Kingsway, NDP):**

Mr. Speaker, it is always a privilege to rise in this House and speak on behalf of the great people of Vancouver Kingsway and as the health critic for the New Democratic Party of Canada.

Tonight, I speak to Bill C-293, which, in our view, represents an unacceptable attempt to provide the illusion of accountability and oversight with respect to Canada's response to the most severe pandemic in a century.

I am going to briefly review the measures the bill calls for. If enacted, it would require the Minister of Health to establish an advisory committee to review the response to the COVID-19 pandemic in Canada. It would require the Minister of Health to establish, in consultation with other ministers, a pandemic prevention and preparedness plan.

It would amend the Department of Health Act to provide that the Minister of Health must appoint a national pandemic prevention and preparedness coordinator from among the officials at the Public Health Agency of Canada to coordinate the activities called for under the act.

From the very inception of this pandemic back in early 2020, New Democrats have been calling for a root-to-branch, independent, penetrating and comprehensive review of Canada's COVID-19 preparedness and response. Unfortunately, the measures outlined in Bill C-293 fall far short of that standard.

By way of background, the National Advisory Committee on SARS and Public Health was established in May 2003 by the then minister of health, Anne McLellan, following the outbreak of SARS. The committee's mandate at that time was to provide a "third-party assessment of current public health efforts and lessons learned for ongoing and future infectious disease control."

The next year, in 2004, the Public Health Agency of Canada was established in response to the advisory committee's recommendations. That agency was specifically mandated to be Canada's lead organization for planning and coordinating a national response to infectious diseases that pose a risk to public health.

Canadians expected that the federal government would build and maintain the capacity to protect them from future pandemic threats. Instead, both the Liberals and the Conservatives allowed that capacity to atrophy under successive governments.

Canadian officials first became aware of SARS-CoV-2, the virus responsible for COVID-19, on December 31, 2019, yet PHAC did not assess the pandemic risk posed by COVID-19 or the potential impact were it to be introduced to Canada.

As a result, the agency underestimated the potential danger of COVID-19 and continued to assess the risk as low until March 15, 2020, nearly a week after the World Health Organization had declared a global pandemic. By then, Canada had already recorded over 400 confirmed cases and community spread was under way.

Even as the machinery of public health ground into action, deficiencies in the federal government's pandemic preparedness and response were glaring. Pandemic response evaluations conducted in Canada to date have documented serious deficiencies.

A scathing internal PHAC audit released in January 2021 found limited public health expertise at the agency, including a lack of epidemiologists, psychologists, behavioural scientists and physicians at senior levels. The audit also found a lack of emergency response management expertise and capacity within the agency, the very agency charged with preparing Canada for a pandemic.

PHAC communications were terrible. Internal auditors found that PHAC was missing sufficient skills and capacity for risk communications. Our chief public health officer is Dr. Theresa Tam. Her office noted that she often received information in the wrong format, with inaccuracies or in an inappropriate voice needed to convey information to the Canadian audience.

Canadians will remember the problems with Canada's so-called emergency stockpile. A May 2021 report, a full year after Canada declared a global pandemic, from the Auditor General confirmed that negligent management of Canada's emergency stockpile resulted in shortages of PPE for essential workers when COVID-19 hit.

Serious issues with the stockpile had been raised for more than a decade prior to that with nothing done. Canadians will remember we had to throw out millions of PPE in this country because they were out of date as PHAC was not accurately keeping track of them.

A March 2021 report from the Auditor General found that PHAC only verified compliance with quarantine orders for one-third of incoming travellers and did not consistently refer travellers for follow-up who risked not complying.

Later in that year, in December 2021, the Auditor General found that PHAC was either missing or unable to match 30% of COVID-19 test results to incoming travellers from February to June 2021.

- • **(1815)**

In addition, because the agency did not have records of stay for 75% of travellers who flew into Canada, it did not even know whether those who were required to quarantine at government-authorized hotels had in fact complied.

As for long-term care, in May 2020, a report from the Canadian Armed Forces documented shocking and disturbing conditions in long-term care homes where approximately 1,600 trained military personnel had to be deployed. It highlighted serious concerns about shortages of personal protective equipment, staffing levels and failures to follow basic procedures of infection control to keep both residents and staff safe.

That is a sample of what we know to date. PHAC officials have said that they will address identified shortcomings by incorporating “learnings from the pandemic into its plans and test them as appropriate.” In response to the Auditor General's report, PHAC has promised to update its plans within two years of the end of the pandemic.

I want to stop there for a moment. This bill would have the Minister of Health, who is in charge of PHAC, appoint an advisory committee, not even an independent committee with powers but an advisory committee, to assess his or her performance and the performance of PHAC, which is under the aegis of the health minister. Talk about a conflict of interest. That is like the defendant appointing the judge. That is completely unacceptable on its own.

In April 2021, the then Liberal health minister said that a full investigation into Canada's COVID-19 response is required at the “appropriate time”. She noted:

We are still in a crisis and so our focus remains right now on getting Canadians...through this global health crisis...and when the time is right, our government will be very open to examining very thoroughly the response of this country to the COVID-19 crisis.

In September of this year, our current health minister said in an interview that there should be a broad-based review of how the COVID-19 pandemic was handled. He noted that a government decision could come “soon”, without specifying when or what kind of formal review should be held. However, when asked if it should be independent of PHAC, he would only say a “strong” review is necessary.

To date, the Prime Minister has deferred all questions about an inquiry or review of the pandemic response, saying that there will be time for a “lessons learned” exercise but that it must wait until the pandemic is over.

New Democrats want the federal cabinet to launch an independent public inquiry into Canada's COVID-19 response under the Inquiries Act without delay. Throughout the pandemic, we have called for such an investigation and the time is now. We are past the emergency phase of the pandemic. We are approaching the third-year anniversary of COVID coming into this country. Now is the time for that root-to-branch inquiry.

Rather than providing a transparent, independent and comprehensive review of Canada's COVID-19 response, this bill would not do that. The measures do not meet the standard. Rather, this legislation represents an unacceptable attempt to provide the illusion of accountability and oversight with respect to Canada's response to the most severe pandemic we have ever faced.

The Inquiries Act would establish an independent chair of that inquiry. It would empower that inquiry to subpoena witnesses, to order the production of documents and to hold evidence in public and under oath. It would allow them to retain appropriate experts, including counsel and technical experts to advise them.

Most importantly, the inquiry would be done independently of the government and in public. Every Canadian was affected by all governments' pandemic response and Canadians have to have confidence that any inquiry that looks at the decisions that were made and the mistakes that were made is done in an honest way with integrity.

I note that experts across the country agree with the position of the NDP. Dr. David Naylor, chair of the federal COVID-19 Immunity Task Force and former chair of the federal review of the 2003 SARS epidemic, has called for an independent review. Richard Fadden, former national security adviser to the Prime Minister, has called for an independent review. Dr. Adrian Levy, Dr. David Walker and Dr. David Butler-Jones have all called for such an inquiry.

We do not need a citizens' inquiry that is called for by Preston Manning, because we do not want this to be a political circus. We do not want a Liberal bill that stickhandles this inquiry into safe waters for a whitewash. We do not want a political circus. We do not want a whitewash.

The NDP and Canadians want an independent, objective and searching root-to-branch inquiry into all aspects of the federal preparation and response to COVID-19 and we will not stop until Canadians get that.

• • (1820)

[Expand]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):**

Mr. Speaker, first off, I want to acknowledge the efforts of the member for Beaches—East York.

We are somewhat losing the perspective of what we are debating today. It is almost as if the government presented legislation that it was proposing to pass. We need to put it in the perspective of private members' hour. An individual member of the House has brought forward a bill that is reflective, no doubt, of the concerns of constituents, people and some stakeholders who the member himself met with, and he has come forward with a proposal. I had the opportunity to chat with the member and listened to what the member was saying when he introduced his bill. It is very much a private member's bill.

In no way does it put in the limitations that are being suggested by opposition members or anyone else in the House. I see it as a positive piece of legislation that, ultimately, would be nice to see go to committee. The member himself has indicated, if not directly, indirectly, that he is very much open to changes to the legislation and to other ideas that members might have. I suspect that the offer for changes goes beyond members from any one political party, but is open to members of all political parties. That point is being lost.

I know there is a huge expectation about where we go from here with respect to the pandemic. The pandemic is not behind us. There is still a need for governments to monitor and take actions where necessary. There are some governments at local levels raising the issue of masking again in the current pandemic, depending on the region of the country. There was a policy this year of a



curfew in at least one province. There was mandatory masking. A great deal of variations have taken place.

What I see before us today is proposed legislation that would provide something very tangible for a standing committee could look at. It talks about a comprehensive study or report where we could start to itemize some of the things we could look at. We heard that in a number of speeches, including from the member who introduced the legislation. No one would question issues such as long-term care and the manner in which both provincial—

• • (1825)

[Expand]

**The Deputy Speaker:**

There is a point of order by the hon. member for Sarnia—Lambton.

[Expand]

**Ms. Marilyn Gladu:**

Mr. Speaker, I do not think we have quorum in the House.

[Expand]

**The Deputy Speaker:**

There is a quorum call, so we will do a count.

*And the count having been taken:*

**The Deputy Speaker:** We do have quorum.

The hon. parliamentary secretary to the government House leader.

[Expand]

**Mr. Kevin Lamoureux:**

Mr. Speaker, quorum does not necessarily reflect that on the entire other side of the House—

[Expand]

**The Deputy Speaker:**

We are not going to do that again. We cannot say whether someone is here or not. We had a quorum call, and we have quorum. Therefore, the member has the floor.



[Expand]

**Mr. Kevin Lamoureux:**

Mr. Speaker, I was just going to say there is only one person on the other side of the House. There is absolutely nothing wrong with indicating that there is only one on the other side of the House—

**An hon. member:** There is one Conservative.

**Mr. Kevin Lamoureux:** Mr. Speaker, other members might say “one Conservative.” I will not say that. The bottom line is that we are in private members' hour and—

[Expand]

**Mr. Matthew Green:**

Mr. Speaker, on a point of order, it is double.

**An hon. member:** We said “Conservatives”. That is two people.

[Expand]

**The Deputy Speaker:**

There we go. Let us all just take a big, deep breath.

The hon. parliamentary secretary to the government House leader.

[Expand]

**Mr. Kevin Lamoureux:**

Mr. Speaker, we have a private member's bill of substance. It is a private member's bill that would have a positive impact, and it reflects what has been taking place over the last two and a half years. I do not want to play games on the legislation. I want to recognize the legislation for what it is. It is something that reflects a very real and genuine need, and it gives specific direction as to what the government could actually do, not only the government but also the entire House of Commons.

To imply that this is in fact a government initiative is to do a disservice to private members. To try to play the quorum game on a private member's bill does a disservice to private members' hour. I really, truly believe that, and I would hope that we will at least put a pause on that game until we get through private members' hour.

There were issues such as border controls, supply issues, stockpile issues and supports for real people during pandemics. Let us think of the human resources that are necessary, not to mention

outside stakeholders such as the Red Cross or our Canadian Forces. There are so many dynamics at play.

We have a piece of legislation that has been brought forward by a private member to try to have an answer going forward. Are there things that we can learn from the last two and a half years? Every member of the Liberal caucus will tell us that, yes, there are things that we can learn from this process. I would like to think that all members on all sides of the House would recognize that value.

Let us put partisanship to the side for a moment and say that it would be good to see this legislation go to a committee. Of the many times I have debated during private members' hour, it is not often that I would be so bold as to say, "Let us get this legislation to a committee" in private members' business. However, I believe this legislation is relevant to what we are experiencing today.

It would not prevent other forms of inquiries. It would not prevent other standing committees from looking at what has taken place. I am one of many members of Parliament who have recognized that we had to make decisions in a fairly quick fashion. I have acknowledged in the past, and I will continue to acknowledge, that it has not been perfect. There have been some mistakes. However, when governments spend literally billions of additional dollars and create programs from virtually nothing, there are going to be mistakes. There were things that took place during the pandemic that we can all learn from.

It is not just Ottawa. Whether it is provincial governments, municipal governments, school boards, and indigenous community leaders and indigenous communities in general, all of us have played a role in making the decisions. Having that comprehensive study is the responsible thing to be doing, along with the idea of having a report on a three- or a five-year basis. The legislation says three years, and the member says he is open to changes in that.

I do not quite understand why other members would be opposing the legislation. I anxiously wait for a vote because I do believe that, if we were to consult with our constituents, this is the type of legislation they would want us to get behind unanimously.

• • (1830)

[*Translation*]

[Expand]

### **The Deputy Speaker:**

The time provided for the consideration of Private Members' Business has now expired and the order is dropped to the bottom of the order of precedence on the Order Paper.